MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040601 STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5741 Registrar's No. 165

FILED NOV 14 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Russell twp.
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: New Cambria-Rural
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Macon
c. CITY OR TOWN: New Cambria
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2 mi. N.W. of New Cambria
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Richard Middle: Albert Last: Jones

4. DATE OF DEATH: Month, Day, Year: November 7, 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: II/10/78

9. AGE (last birthday): 84 yrs.
IF UNDER 1 YEAR: Months: II Days: 27
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (City and state or country): Russell twp. Macon Co.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Evan J. Jones

13b. MOTHER'S MAIDEN NAME: Eliza Jane Woodward

14. NAME OF HUSBAND OR WIFE: Vella May Williams Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates)

16. SOCIAL SECURITY NO.: 542

17. INFORMANT Address: Mrs. Beulah Cole, New Cambria, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Thrombosis — 12 hrs
DUE TO (c): Arteriosclerosis — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Hypertension
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 7 1963 to Nov 7, 1963 and last saw him alive on Nov 7, 1963
Death occurred at 1:12 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]

22b. ADDRESS: [illegible]

22c. DATE SIGNED: 11-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: II/9/63

23c. NAME OF CEMETERY OR CREMATORY: New Cambria Cemetery

23d. LOCATION (City, town, or county) (State): New Cambria, Mo.

24. FUNERAL DIRECTOR ADDRESS: H. J. Gilliland New Cambria Mo.

25. DATE RECD. BY LOCAL REG.: II/8/63

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ H. J. Gilleland ~~Student Embalmer No.~~

working under my personal supervision.

~~Student~~

Signature of Student Embalmer

Signed H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.